

FILE ROOM CHECK IN/OUT

[illegible]

VISITOR LOG (PRINT CLEARLY)

[illegible]

Badge No	Name (Print Clearly)	Mail Code	Phone No	Date Out	Date Returned	Reason for Visit	Signature
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[illegible]

FOIA REVIEW LOG (Print Clearly)

[illegible]

AUTOMATED EXTERNAL DEFIBULATOR INSPECTION FOR MONTH OF _____

[illegible]

SECURITY ALERT

You have left the following item unattended:

_____	Keys	_____	beeper
_____	money	_____	wallet
_____	purse	_____	jewelry
_____	notebook computer	_____	camera
_____	palm pilot	_____	cell phone
_____	Other _____		

We are trying to reduce theft. Please ensure you secure all personal belongings and pilferable Government property when you are away from your workstation or office.
Thanks

The Security Guard

Date

Time

Appendix I

SECURITY NOTICE

The following item was left unsecure after hours:

_____	money cash box
_____	camera
_____	Notebook/laptop computer

We are trying to reduce theft. Your item has been removed and secured by the security guard. Please contact the security guard at 5-8484 to obtain upon your return.
Thanks so much..

The Security Guard

Date

Time

Appendix K

[illegible]

APP L – Workstation Issue Key

Date: _____

Key Issued to: _____ For Workstation No _____

Time: _____ Key Code Number: _____ No keys (____)

Issued by: _____ Received by: _____

Date: _____

Key Issued to: _____ For Workstation No _____

Time: _____ Key Code Number: _____ No keys (____)

Issued by: _____ Received by: _____

Date: _____

Key Issued to: _____ For Workstation No _____

Time: _____ Key Code Number: _____ No keys (____)

Issued by: _____ Received by: _____

Date: _____

Key Issued to: _____ For Workstation No _____

Time: _____ Key Code Number: _____ No keys (____)

Issued by: _____ Received by: _____

Date: _____

Key Issued to: _____ For Workstation No _____

Time: _____ Key Code Number: _____ No keys (____)

Issued by: _____ Received by: _____

SECURITY CONTAINER - CHECKED ON _____

FLOOR	EMPTY	1/4 FULL	1/2 FULL	3/4 FULL	FULL
6					
7					
8					
9					
10					
10					
11					
12 Media Container					
13					

WEEKLY INSPECTION FOR MONTH OF _____, 200__ OF FIRE EXTNQUISHERS

DATE OF TEST	NEAREST LOCATION	EXTINGUISHER CHARGED	PIN IN PLACE	ACCOUNTED	WALL SIGN IN PLACE	INSP TAG CURRENT
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	6A14					
	6D13					
	STAIR #2					
	STAIR #1					
	6F13					
	6C1					
	6.131					
	7.003					
	7B15					
	STAIR #2					
	STAIR #1					
	Personnel					
	7.092					
	7.015					
	8thSTAIR #2					
	8th STAIR #1					
	9B2					
	9D15					
	STAIR #2					
	9H12					
	9I15					
	9I4					
	STAIR #1					
	902					
	9013					
	10C11					
	STAIR #2					
	Stair #1					
	10F9					
	10F8					
	10H5					
	10.184					
	10.072					

	10.176					
DATE OF TEST	NEAREST LOCATION	EXTINGUISHER CHARGED	PIN IN PLACE	ACCOUNTED	WALL SIGN IN PLACE	INSP TAG CURRENT
	11C11					
	11D13					
	11H13					
	STAIR #2					
	11H5					
	11O14					
	STAIR #1					
	11					
	12E7					
	12G8					
	12D13					
	1.20E+13					
	NM ROOM					
	12I12					
	12J10					
	STAIR #1					
	FITNESS					
	12D4					
	13.013					
	13E7					
	13G8					
	STAIR #2					
	13H15					
	13L13					
	13K12					
	13016					
	STAIR #1					
	1302					

Note: In date column, enter the first calendar day of the wk

Note: In other columns, enter checkmark for yes answers.